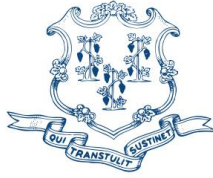


STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

OFFICE OF EMERGENCY MEDICAL SERVICES

REQUEST TO CHANGE FROM AEMT TO EMT CERTIFICATION

Complete this application and send to CT DPH OEMS:

via email: dph.emslicensing@ct.gov or via fax: (860) 920-3142

Print/Type clearly the information requested:

Certification provider number: _____ Last 4 digits of your SSN: XXX-XX-____

Last Name: _____ First Name: _____ MI ____:

Primary phone number: _____

Email address: _____

Street Address: _____

Street Address 2: _____ Apt/Suite: _____

City: _____ State: _____ Postal Code: _____

By signing below, I attest that I no longer wish to maintain my Advanced Emergency Medical Technician Certification and would like to have my Emergency Medical Technician Basic Certification reinstated.

Signature: _____

Date: _____



Phone: (860) 509-8000 • Fax: (860) 509-7184
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

